

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Mr</i>	<i>62814</i>	<i>7/28/60</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>27</i>	<i>5C-861</i>	<i>9/7/60</i>
RESPONSE FORMALITY REVIEW			

# BEST AVAILABLE COPY INDEX OF CLAIMS

✓ Rejected  
 = Allowed  
 - (Through numeral) Canceled  
 + Restricted

**BEST AVAILABLE COPY**  
 N Non-Selected  
 A Appeal  
 O Objected

Claim	Date
Final Original	
1	✓ 11/24/60
2	✓ 5/18/60
3	✓ 10/17/60
4	✓ 6/18/60
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
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Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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